

NEIGHBORHOOD ASSISTANCE PROGRAM
CONTRIBUTION NOTIFICATION FORM B (CNF-B)
For Use by Medical Professional Providing Certain Health Care Services
Between July 1, 2012 and June 30, 2013
(SEE BACK FOR INSTRUCTIONS BEFORE COMPLETING)

Donations must be made **directly** to the approved NAP organization with no strings attached and without any conditions or expectation of monetary or other benefits from the NAP organization.

PART I. TO BE COMPLETED BY MEDICAL PROFESSIONAL DONOR (TYPE or PRINT ONLY)

<p>1. Mr./Mrs./Ms./Dr. _____ Name of Donating Medical Professional</p> <p>2. _____ Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number With Area Code</p> <p>3. Social Security #: _____</p>	<p>4. Type of Medical Professional: _____ (Refer to instructions on back of form)</p> <p>5. Services donated at: Clinic _____ Office _____</p> <p>Other _____ Please specify where donation occurred</p> <p>6. Date(s) of donated health care services: from: ____ / ____ / ____ to: ____ / ____ / ____ (Actual date of donation / Beginning to ending date)</p> <p>7. Value of donated services: \$ _____ \$616 Minimum Donation (Attach Required Supporting Documentation)</p> <p>Note: The value of donated services cannot exceed the lesser of the reasonable cost for similar services from other providers or \$125 per hour.</p>
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NOTE: Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation or when tax-related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor. The value of the tax credit is equal to 65% of the donation's value.

PART II CERTIFICATION BY MEDICAL PROFESSIONAL

I certify that the value of the donated service(s) was determined by the standards stated in the instructions and does not exceed the statutory maximum. I also certify I will not receive any type of compensation or reimbursement from medical insurance filing or from my company for the donated service(s) nor will my company receive any compensation. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services. Please sign, date, and return this form to the NAP organization for completion. A tax credit certificate will be mailed to you from the Department of Social Services.

Date

Signature of Donor Designee

PART III TO BE COMPLETED BY THE NAP ORGANIZATION (TYPE or PRINT ONLY)

I certify that the above medical professional has made this donation of providing health care services for this approved organization and the listed value of the donation does not exceed the statutory limits. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services.

1. _____ 2. Project I.D. #: _____
(Organization Name as listed on Approval Certificate) (See Organization Approval Certificate)

3. Organization Address: _____ Phone #: _____
(Street, City, State, Zip Code) (Include Area Code)

4. Neighborhood Assistance Organization Approval Year: 07 / 01 / 2012 - 06 / 30 / 2013

Date

Signature of Neighborhood Assistance Organization Designee

INSTRUCTIONS FOR CONTRIBUTION NOTIFICATION FORM B (CNF-B)

For Use by Medical Professional Providing Certain Health Care Services between July 1, 2012 and June 30, 2013

Specific Instructions:

PART I

- Items 1-2: Name of medical professional who made the donation, mailing address, and phone number of donor.
- Item 3: Social Security number of medical professional
- Item 4: Enter the type of medical professional: **physician, pharmacist, dentist, chiropractor, physician assistant, nurse practitioner, optometrist, dental hygienist, nurse, professional counselor, clinical social worker, clinical psychologist, marriage and family therapist, or physical therapist**, who is licensed pursuant to Title 54.1 and who provide health care services without charge within the scope of their licensure. **Credits are limited to the above mentioned medical professionals.**
- Item 5: Check location for donated services. If not at a clinic or doctor's office, please specify where services occurred.
- Item 6: Enter the actual date or dates over which the health care services were donated. Date(s) of donation must occur within the same program approval year.
- Item 7: Enter the value of donation:
- As provided in the Code of Virginia, the value of such donated services rendered by a physician, pharmacist, dentist, chiropractor, physician assistant, nurse practitioner, optometrist, dental hygienist, nurse, professional counselor, clinical social worker, clinical psychologist, marriage and family therapist, or physical therapist shall not exceed the lesser of the reasonable cost for similar services from other providers or \$125 per hour. The value to be used for donated health care services must be agreed to by the donor and the NAP organization prior to the services being donated and documentation of the donation must be retained.

PART II Sign and date the certifications. Return the CNF with supporting documentation to the NAP organization.

General:

- Donations must be made **directly** to the approved NAP organization with no strings attached and without any conditions or expectation of monetary or other benefits from the NAP organization.
- Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation, or when tax-related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.
- The NAP organization must attach a copy of the Services Contribution Data Sheet or spreadsheet listing the name of the individual providing the service, type of service provided, job title, date(s) of donation, hourly rate, total hours worked, and total value for services and submit it with the CNF-B. The Certification by Medical Professional (on the Services Contribution Data Sheet) must be signed by the donor and attached to each spreadsheet. Retain a copy of all documentation in your files. Failure to do so may result in a donor's loss of the tax credit.
- For more information contact the NAP office at nap@dss.virginia.gov

NOTE: Incomplete and/or illegible Contribution Notification Forms will be returned.